

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
09/868781  
APPLICANT(S)

**FILING DATE**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2			1	
4		2			1	
5		1			1	
6		1			1	
7		1			1	
8		1			1	
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TOTAL IND.	1		1			
TOTAL DEP.	10	↔	8	↔		↔
TOTAL CLAIMS	11		9			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY